Family Health Care for Unintended Adolescent Pregnancy in Thais Rural Area

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Conclusion and Suggestion

Method

Result and Discussion

Background and Significance
Adolescent pregnancy is a global problem in high, middle, and low income countries (WHO, 2019), and Thailand.

1. Antenatal Care for teenage mothers
2. Parental School program
3. No intervention for caring and support family as whole system

Major Causes
1. Adolescent sexual risk behaviors
2. Poor family function and relationships
3. Negative environment and peer group

Background and Significance

Incidence

Current Interventions

What is the effective intervention?
The adolescent girl and boy could not cope by effective methods.

Parenting of adolescent pregnancy is negative practice and poor interaction.

Ineffective Family Adaptation: Maladaptation

Consequences

1. Alteration of adolescent development and self identity
2. Adolescent pregnancy face with high risks of eclampsia, puerperal endometritis, and systemic infections (WHO, 2019)
3. Poor Family function and Interaction
1. Exploring the family adaptation among unintended adolescent pregnancy

2. Examining the effects of family health care intervention on family adaptation and health outcomes
Conceptual Framework

Modified from Family Resiliency (McCubbin & McCubbin, 1996)
Method: Mixed method design

1. Qualitative approach for situational analysis by in-depth interview

2. Quantitative approach by “One group pre-post test design”

3. Participants consisted of:
   
   2.1 Family members (parents, grandparents etc.)

   2.2 Pregnant teenagers aged 10-19 yrs. and boyfriends (husbands) and parents in law

4. Sample size of one group pre-post test design: Calculated to 40 families
1. Study Instruments

1. Family Health Care Intervention Package (FHCIP)
   1.1 Family health assessment guideline
   1.2 Family health care guideline
   1.3 Family with Teenage Mom Handbook

2. Assessment and Evaluation tools
   2.1 Family adaptation questionnaire
   2.2 Adolescent pregnancy adaptation questionnaire
1. All instruments were validated by five experts

2. Trial run for the questionnaires with 10 family members and 10 pregnant teenagers

   2.1 Reliability of adolescent pregnancy adaptation questionnaire; Cronbach’s alpha coefficient was 0.80.

   2.2 Family Adaptation questionnaire the reliability was 0.89
Findings from Situational Analysis

Pregnant adolescent And Boyfriend (husband)

1. Shame and guilt, loss of future goal
2. Being rejected and blamed by parents and siblings
3. Out of school (Teenage girl), no work, isolation, and be gossiped

Family: Their parents And Parents in law

1. Plan to make abortion first
2. High stress and anger, not socialize the pregnant daughters and husbands or boyfriends becoming good parent
3. Plan for continuing study and work
Intervention Phase: Family Health Care Guideline

1. Establish trust and therapeutic communication
2. Family and pregnant adolescent adaptation assessment
3. Counselling and Supporting family system
4. Family psycho-education
5. Family conference
6. Family anticipatory guidance and education
7. Monitoring and evaluating by telephone visit and follow up at prenatal clinic setting
Findings from the 2nd phrase

Table 1 Mean Score and level of adaptation of Family and Pregnant Teenagers before and after intervention

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Level</th>
</tr>
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<tbody>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before Intervention</td>
<td>74.96 (S.D = 4.17)</td>
<td>Low</td>
</tr>
<tr>
<td>After Intervention</td>
<td>159.23 (S.D = 6.04)</td>
<td>High</td>
</tr>
<tr>
<td><strong>Pregnant teenagers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before intervention</td>
<td>112.23</td>
<td>Low</td>
</tr>
<tr>
<td>After intervention</td>
<td>222.76</td>
<td>High</td>
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</table>
### Table II Comparison Adaptation Mean Score of Family and Pregnant Teenager (Before and After Intervention)

<table>
<thead>
<tr>
<th>Adaptation</th>
<th>n</th>
<th>t-test</th>
<th>df</th>
<th>P – value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Adaptation</td>
<td>40</td>
<td>58.24</td>
<td>58</td>
<td>.000*</td>
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<tr>
<td>Pre-Post Intervention</td>
<td>40</td>
<td>70.02</td>
<td>58</td>
<td>.000*</td>
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<tr>
<td>Pregnant Teenager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post Intervention</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*P < .05
Findings

1. Post intervention, the score of family and pregnant teenagers’ adaptation were *increased in good level and be statistically significant difference from before intervention score (P<.05).*

2. Most of families had planned and socialized their pregnant teenagers and their husband to become good parents.

3. Two third of adolescent boys have continued study and some go to work for making money.

4. Two third of families have planned to *be grand-parenting* and let their teenage mothers and fathers continue to study or work.
Conclusions

1. The family health care intervention could promote *bon-adaptation of family with unintended pregnant teenager.*

2. The intervention package should be applied to promote health, especially, adaptation of family with pregnant teenagers.

3. The FHCIP may be applied to intervention for the similar groups in both secondary health care setting and community context.
May apply the FHCIP in hospital and community settings

The findings could add more knowledge of family and unintended teenage pregnancy adaptation

The family adaptation is dynamic, therefore, the longitudinal study is needed for future study.
Thanks for Your Attention
Questions and Suggestions are Valuable.

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